

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043915

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 6004 STATE FILE NUMBER

FILED NOV 21 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Leader Croft N.H.</u>		d. STREET ADDRESS <u>317 N. 3rd St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Roy J. FLOWERS SR.</u>		4. DATE OF DEATH Month <u>11</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/28/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>const</u>	11. BIRTHPLACE (City and state or country) <u>Basehor, Kansas</u>
13a. FATHER'S NAME <u>Benjamin F. Flowers</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Stigers</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I Navy</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Geo. O. Flowers 30 N. 76th Muncie, Ks</u>		Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY Edema</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u> <u>8 years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10</u> a.m. <u>20</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Ft. Lv. Kansas</u>

21. I attended the deceased from <u>12-2-62</u> to <u>11-3-63</u> and last saw her alive on <u>11-3-63</u> Death occurred at <u>10:20 AM</u> in the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Frank Paul Laurenciano</u>	(Degree or title) <u>MO</u>	22b. ADDRESS <u>428 S. White Ave</u>	22c. DATE SIGNED <u>11-3-63</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>11/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Lv. Natl. Cem.</u>	23d. LOCATION (City, town, or county) <u>Ft. Lv. Kansas</u>
24. FUNERAL DIRECTOR <u>JOS. A. BUTLER'S SONS K.C.Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>11-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Beasie Smith</u>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurenciano

USE BLACK INK OR TYPEWRITER RIBBON

11-3-63 10 AM

21209

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3  
1  
2

0-18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Russell Walenius

Licensed Embalmer No. 3462

P. O. Address KCK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.